



2009 STATUS OFFENDER DETENTION REPORT CALIFORNIA CORRECTIONS STANDARDS AUTHORITY

- SEND IN A SEPARATE REPORT FOR EACH STATUS OFFENDER (WIC 601) **HELD IN DETENTION.**
- SUBMIT REPORT BY THE 10TH OF THE MONTH FOLLOWING THE MINOR'S RELEASE.
QUESTIONS? Call 916.323.9704

Section A-Facility Information

Facility Name:		
County:		
Type of Facility:	<input type="checkbox"/> Juvenile Hall	<input type="checkbox"/> Camp <input type="checkbox"/> Special Purpose Juvenile Hall

Section B-Minor's Information

Minor's Name:		Minor's County ID#:
Intake Date (m/d/yy):	Intake Time (Please indicate if this time is AM or PM):	
Release Date (m/d/yy):	Release Time (Please indicate if this time is AM or PM):	
TOTAL TIME IN SECURE DETENTION:		
Less than 24 Hours <input type="checkbox"/>		24 Hours or More <input type="checkbox"/>

Section C-Type of Status Offense

Please choose ONLY accused or adjudicated and the reason held below.

ACCUSED <input type="checkbox"/>
Reason for Detention

ADJUDICATED <input type="checkbox"/>
Reason for Detention <i>The minor is a WIC 601 ward of the court held for the following reason(s):</i>

Beyond Control of Parents	<input type="checkbox"/>
Curfew	<input type="checkbox"/>
Truancy/Beyond Control of School	<input type="checkbox"/>
Warrant Check/Hold Only	<input type="checkbox"/>
Runaway (CA Resident)	<input type="checkbox"/>
Runaway (Out of State & <u>Interstate Compact Filed</u>)	<input type="checkbox"/>
Runaway (Out of State- <u>NO Interstate Compact</u>)	<input type="checkbox"/>
Bench Warrant	<input type="checkbox"/>
Possession of Alcohol (B&P 25662 [a])	<input type="checkbox"/>
Other (Please Briefly Describe Below)	<input type="checkbox"/>

Bench Warrant	<input type="checkbox"/>
Held Pending Contempt Hearing	<input type="checkbox"/>
Committed to Juvenile Hall	<input type="checkbox"/>
Found in Contempt of Court **Attach a copy of Valid Court Order Checklist <u>AND</u> Minute Order specifying terms of the court order.	
Other (Please Briefly Describe Below):	<input type="checkbox"/>

Section D-Reporting Information

Person Reporting (Name and Title):	Date:	Phone: E-Mail:
Facility Manager (Name and Title):	Date:	Phone: E-Mail:

Submit Completed Report to:

E-Mail: analyst@cdcr.ca.gov / FAX: 916.322.2461

Mail: ANALYST, Corrections Standards Authority * 600 Bercut Drive * Sacramento CA 95811